

Medigap Policy Comparison Form

	Medicare	Policy 1	Policy 2	Policy 3
Insurance Company				
Insurance Policy Form #				
Monthly Premium				
General Policy Information				
Is coverage written on group or individual basis?	Group			
Will coverage be issued regardless of the health of the applicant?	Yes			
Will the policy premium increase as a result of the insured getting older?	No			
What is considered a pre-existing condition and how long is the waiting period before it is covered?	None			
Can the policy be canceled? If so, under what condition?	No			
Medicare Part A - Hospital Benefits				
Semi-private room and board, miscellaneous hospital services and supplies, acute care, intensive care, drugs, operating and recovery room, rehabilitation services.				
First 60 days	All but \$840 deductible			
61st to 90th day**	All but \$210 per day			
91st to 150th day (lifetime reserve days)**	All but \$420 per day			
151st to 516th day**	Nothing			
First 3 pints of blood**	Nothing			
Private Room (when not medically necessary)*	Nothing			
Private Duty Nurse*	Nothing			

Supplementing Medicare 2

Medicare

Policy 1

Policy 2

Policy 3

Post Hospital Skilled Nursing Care Requirements and Benefits

Three consecutive days prior hospitalization is required and nursing home care must be medically necessary to be eligible for SNF care and must be admitted to the SNF within 30 days of hospital discharge for the same illness.

First 20 days	All covered expenses			
21st to 100th days	All but \$105 per day			
Beyond 100 days	Nothing			
Intermediate Nursing Care*	Nothing			
Custodial Nursing Care*	Nothing			
Non-Medicare Certified Skilled Care*	Nothing			

Medicare Part B – Outpatient & Inpatient Benefits

Physician's services (in or out of the hospital), medical expenses and medical supplies, emergency room and hospital outpatient treatment, x-rays, rehabilitation services, and ambulance services.

Calendar Year Deductible (\$100)	Nothing			
What portion of charges for medical services is covered?	80% of Medicare-approved charges after \$100 annual deductible/ 100% for clinical lab tests			
20% coinsurance / or co-payment for Part B services	Nothing			
Is the difference between Medicare's allowable charge and actual charge covered? If so, to what extent?	No			
Home Health Care	100% for medically necessary visits			
At-Home Recovery (extra home care benefits to complement Medicare)	Nothing			
First 3 pints of blood**	Nothing			

Medicare

Policy 1

Policy 2

Policy 3

Additional Coverage Beyond Medicare				
Outpatient Drugs	Limited			
Care Outside of USA	Limited to US territories and along the borders			
Mammography Screenings (if not related to diagnosis)	80% up to a fee limit every 2 years			
Outpatient Psychiatric	50% of approved charges			
Hospice (for terminally ill patients, as long as a doctor certifies need)	All but limited costs for drugs and inpatient respite care			
Pre-Existing Conditions - Waiting period?	No			
Guaranteed Renewable**	Yes			
Other				